



CCDR Electronic Filing Access Code

CANDIDATES / PUBLIC OFFICIALS ONLY

State Ethics Commission

205 Jesse Hill Jr. Drive, SE

Suite 478 - East Tower

Atlanta, GA 30334

PERSONAL IDENTIFICATION NUMBER APPLICATION

(** All Fields must be completed and legible in order to process application **)

Candidate's Public Official's Identification - Please Print

Application Status	NEW	AMENDED	Year of Election:	_____
Name of Public Official or Candidate	_____			
Office Sought or Held	_____			
Address	_____			
City, State Zip	_____			
Contact Phone	_____	Alternate Phone	_____	
Email Address	_____			

I understand this confidential PIN number is assigned to the above Candidate and only the State Ethics Commission staff and the listed filer will have access to this confidential number.

Verification - Must Be Notarized

State of _____, County of _____.

FILER: I, the undersigned Candidate/Public Officer do hereby swear or affirm that the information in this application is complete, true, and correct to the best of my knowledge and belief. I acknowledge that any report I submit electronically in the future I shall verify as complete, true, and correct to the best of my knowledge and belief.

SIGNATURE OF FILER: _____

NOTARY PUBLIC (sign name): _____

PRINT NOTARY'S NAME: _____

My Commission expires: _____

This document was sworn to or affirmed and subscribed before me on _____, 20

For Office Use Only

FilerID: _____

Approved By _____ Date _____